



Test Reports may be
faxed to (760) 597-2631.

Backflow Test Report

-PLEASE FILL OUT COMPLETELY-

Service Name: _____ Account #: _____

Service Address: _____ Meter #: _____

BACKFLOW INFORMATION

Manufacturer: _____ Model: _____ Serial #: _____ Size: _____

Physical Location: _____ At Meter _____ Behind Sidewalk _____ At Building _____ Other: _____

Distance from meter: _____ ft. Type: _____ DC _____ DCDA _____ RP _____ RPDA (Check By-Pass meter for operation)

INITIAL TEST

#1 Check Valve

Closed _____

Leaked _____

Apparent Press. Drop _____ psi

Actual Press. Drop _____ psi

#2 Check Valve

Closed _____

Leaked _____

RPDA By-Pass meter read prior flow test: _____ cf

RPDA By-Pass meter read after flow test: _____ cf

Relief Valve

Opened @ _____ psi

REPAIRS/REPLACEMENTS/REMARKS

FINAL TEST

#1 Check Valve

Closed _____

Leaked _____

Apparent Press. Drop _____ psi

Actual Press. Drop _____ psi

#2 Check Valve

Closed _____

Leaked _____

RPDA By-Pass meter read prior flow test: _____ cf

RPDA By-Pass meter read after flow test: _____ cf

Relief Valve

Opened @ _____ psi

The following Certified Tester(s) certifies that the above assembly was tested and/or repaired according to the latest USC Tester Manual. At the time of test, the above assembly performed as reported and was placed back into service after the test. Any device found not meeting manufacturers' specifications or State Health requirements was reported to the Vista Irrigation District within one working day of the Initial Test date.

Initial Test by: Name (please print) _____ Signature _____ Cert. # _____ Date: _____

Repaired by: Name (please print) _____ Signature _____ Cert. # _____ Date: _____

Final Test by: Name (please print) _____ Signature _____ Cert. # _____ Date: _____

Testers Test Equipment

Test Kit #: _____ Make _____ Model _____ Date Calibrated: _____

For VID use only

Date Report Received: _____ Reviewed by: _____ Date: _____ Cycle No. _____

Revised 10/05